Agreemed for use through 7/31/2005, Oxid 06511-0032

		ON FEE DET		N RECORD		700	11343	2/5/
С	LAIMS AS FRE	D - PART I			,		4 - 12	1702
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PER LIBERT				-	1	Cit	ļ	3
DEFENDENT CLAMS		. 70 .		41		on:		
37 CFA (,15(b)) minus 3 x			41		ดก			
UL TIPLE DEPENDENT CI	AUN PRESENT	(IF CFR 1,154p)		15 .		Os	1.5	
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CLAI&	AS AS AMENDE	FO - PARTII		,		,	ioia	L
نده در در								
	Ofurna 1)	(Calumn 2).	(Column 3)	SWALLE	ENTITY	OR		R THAN ENTITY
l l Re	CLAINS MAINING	HIGHEST NUMBER	PRESENT	RATE	ADDI-	1		
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Total ·	72 4		1. /-		FEE	V		FEE
Independent (37 G/A 1,1400)	E Nin		 ./-	21	/	OR	X 8 1	
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15,70	5,	•	7	TOTAL	1		TOTAL	-/
ams 3.	Summ t)			ADDI FEE	<i></i>	OR	ADDL FEE	
10/-/	CLAMS	(Cotumn 2)	(Cotumn 3)			ì		
BX BX 8/1/AL RE	MAINING AFTER	MUMBER PREVIOUSLY	PRESENT	RATE	ADOL		RATE	400F
Total Ata	ENDMENT	PAID FOR		<u>.</u>	TIONAL"			FEE
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Total (D'O'R L'stre) • O'COR L'stre) • O'COR L'stre)	5 1600	" " #			- .		440	COL
FIRST PRESENTATION	OF MATIPLE DEPE	NOBITOLAN DIS	FR 1.1860)		-	OR-	13000	300.14
				TOTAL		OR	TOTAL	
HMAT		•		ADD'T FEE		OR	ADD' FEE	500.1
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1/2 and di RE	MAINING	HIGHEST	PRESENT	RATE	ADDs.	/	RATE	ADDI-
9-88-00 AM	VFTER MOMENT	PREVIOUSLY PAID EOR	EXTRA		TIONAL		\~~ <u>`</u> "	TIONAL
Encarates Loss	3/2 Mire		1.7	1 1	FEE			FEE
Total (3) CIR 1, vibral Independent (3) CIR 1, spp	5 Minu		-			OR	·· ····	
FIRST PRESENTATION	04445	<u> </u>		121	\leftarrow	OR,	K 3	\
I	OF HALL BY	TOTAL (37C	771 1,15(d))	101A	\rightarrow	OR	• 1 •	
				IOIAI S	\ I		TOTAL	•
* If the entry in column	•		•	ADD FEE	\	OR	ADD' FEE	_ \

The Tagnest Number Previously Paid for (Total or indigeneral) is the highest number found in the appropriate toos in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to fite (and by the USPIO) to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 annution to complete, including pathering, preparing, and submitting the completed application from to the USPIO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for instructing this benefit is benefit to the Chief Information Officer, U.S. Petent and Trademark Office, U.S. Occarringly of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, ON NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Committee the Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-P10-9199 and select option ? A STREAMER OF CONTROL OF THE CONTROL OF T

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